

Registration & Field Trip Permission

PLEASE READ CAREFULLY BEFORE SIGNING.

When completing form, print legibly in ink.



Registration status is pending until confirmation is received. Depending on program demand, confirmed registrations may have to be determined via a lottery process. Campers may request to attend more than one session. Those with an end-of-session evaluation of average or higher will be allowed to repeat based on space availability. **Please note:** All camp programs are similar, so some components of each camp may be repeated.

REGISTERING FOR:

1st Choice: ☐ Camp 1 (6/17-6/28) ☐ Camp 2 (7/08-7/19) ☐ Camp 3 (7/22-8/02) ☐ Camp 4 (8/12-8/23)

***Please note: Camp 4 is for returning Camp Inspired participants only.**

Optional:

2nd Choice: ☐ Camp 1 (6/17-6/28) ☐ Camp 2 (7/08-7/19) ☐ Camp 3 (7/22-8/02) ☐ Camp 4 (8/12-8/23)

3rd Choice: ☐ Camp 1 (6/17-6/28) ☐ Camp 2 (7/08-7/19) ☐ Camp 3 (7/22-8/02) ☐ Camp 4 (8/12-8/23)

4th Choice: ☐ Camp 1 (6/17-6/28) ☐ Camp 2 (7/08-7/19) ☐ Camp 3 (7/22-8/02) ☐ Camp 4 (8/12-8/23)

Participant Name: _____ School Name: _____ Grade (as of Fall 2012): _____
First Last

Date of Birth: ____ / ____ / ____ Age (as of camp start date): ____ Gender: ☐ Male ☐ Female

T-Shirt Size: Youth ☐ Small ☐ Medium ☐ Large Adult ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Street Address (no P.O. Boxes): _____
Residence Street Address City State Zip

Mailing Address (if different from above): _____
Street or P.O. Box City State Zip

Participant Phone Number: (Day) () - (Evening) () - (Cell) () -

Medical and/or Behavioral Concerns: _____

List primary and secondary guardians below.

Primary Guardian Name: _____ Phone Number: () -

Secondary Guardian Name: _____ Phone Number: () -

List emergency contacts below. Primary and secondary guardians will be contacted first in an emergency.

Emergency Contact #1: _____ Relationship to Applicant: _____ Phone Number: () -

Emergency Contact #2: _____ Relationship to Applicant: _____ Phone Number: () -

Statement of Understanding: I (or the participant who I represent) hereby acknowledge, accept and agree to abide by all rules, regulations and policies.

Acknowledgment of Risks/Medical Treatment Permission: In consideration of my participation in the activity and/or facilities provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS). I, for myself or on behalf of the participant who I represent, authorize the City of Norfolk Department of Recreation, Parks & Open Space; Teens With a Purpose; and/or affiliate staff to take and provide all necessary medical attention should I, or the participant who I represent, be injured while participating or being transported to or from any RPOS-sponsored activity and/or facility. I have read the policies pertaining to cancellations, refunds, rules and regulations as they pertain to these activities and/or facilities. I acknowledge and assume the risks and responsibilities involved in these activities and/or in participating at these facilities. I assume these risks realizing the capabilities of the person(s) participating. I have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

By affixing signatures below, this indicates that I (and/or the participant who I represent) have read, understand and agree with the terms and conditions for participating in this program:

Applicant Signature

Guardian signature (if applicant is under age 18)

Date

Photo Permission Release Agreement: *OPTIONAL.* I understand that I (or the participant who I represent) may be photographed and/or videotaped while participating during this activity and/or at this facility. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space and Teens With a Purpose to use said photographs and/or videotapes in Department/Organization publications, media campaigns, educational and/or safety purposes. I further waive any remuneration for publishing and/or printing such photographs. I understand that by affixing my signature on this form that I attest to having read, fully understand and agree to the conditions as set forth above.

Applicant Signature

Guardian signature (if applicant is under age 18)

Date



BAYLOR

U N I V E R S I T Y

Dear Parent or Guardian:

With your permission, your child may participate in a study conducted by a Baylor University professor to assess the effectiveness of programs focusing on teen development. Results will be used to design future programs and as input into Federal funding policies. The study will cover attitudes, behaviors, and values about sexually transmitted diseases, attitudes about premarital sex, drug use, alcohol use, and behaviors, and will take approximately 20 minutes to complete. Please recognize that these surveys have been worded and pre-tested so as to not embarrass any student; however, a teen may withdraw at any time without penalty. In addition, we've developed procedures that will protect your child's privacy when the survey is conducted, such as monitoring space between teens so no one can see another's answers.

In order to make the survey more meaningful to the success of the program, the information obtained from the initial survey will be matched with data collected from subsequent surveys. Please be assured that the information will be anonymous and confidential. Students are not to put their name on the survey and surveys cannot be traced to any student. No information will be given to anyone about any individual student's answers including you as the parent or guardian. The surveys will be destroyed after the data have been entered into the survey data base at Baylor.

Please sign and date the enclosed permission slip reporting your decision regarding your student's participation in this study. Of course, your child will not be penalized if you choose to not participate, nor will there be any special rewards if your child does participate. If you have any questions about the survey or your child's rights as a participant in this study should be directed to me at 254-710-3485. Questions about the classes should be addressed to Lighthouse Outreach, Inc., 757-827-7787.

Sincerely,
J. F. Tanner Jr. Ph.D.
Professor, Baylor University

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(Keep top portion for your records)

☐ **YES**, I authorize my student to participate in the survey conducted by Baylor University **during the 2012-2013 program year**. I understand that he/she will answer a survey and that the responses will be kept confidential.

☐ **NO, I DO NOT** authorize my student to participate in the survey conducted by Baylor University.

Student's Name (please print)

Student's Signature

Signature of Parent/Guardian

Date

DEPARTMENT OF MARKETING
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Yes!Dare2Dream- 2021A Cunningham Dr. Ste#5- Hampton, VA 23666- (757)-827-7787